



ANNUAL REPORT

DISPOSAL QUANTITY REPORTING METHODS FOR USE BY STATION OPERATORS

Cal	endar Year:			
(1)	Facility Name:	Facility SWIS No.:		
	Facility Address:			
(2)	Operator Name:			
(3)	Operator Mailing Address:			
(4)) Operator Telephone No.:			
(5)) Operator Email (if available):			
) No. of Scales: Type of Scales:			
			rmation facility(ies) to weigh waste sent from the	
	station, pursuant to section 18809	0.2(f), if applicable:		
(8)	Volumetric Conversion Factors used for each vehicle/trailer/load type:			
=	Volumetric Conversion Factors	Vehicle/Trailer/Load Type	Method used to determine the Conversion Factors	
- - -				
(9)	Frequency of Survey (Check one	only): Daily • Con	tinuous ' Other ' (attach explanation)	
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(10)Method(s) used to determine juris	diction of origin, including the qu	uestions gatehouse attendants ask haulers:	
(11)Method(s) used to verify origin inf	ormation, if applicable:		
•		-		
(12)Method(s) used to track C&D deb	ris/inert debris loads, if applicab	le:	
(12)Mothod(s) used to track disaster:	wasta loads, if applicable:		
(13	jivietriou(s) useu to track disaster v	vasie idaus, ii applicable.		

(14)Method	d(s) of determining jurisdiction allocation amounts including:
a)	A description of the method used to determine jurisdiction of origin allocation percentages as reported in subsection (b)(4):
b)	The percentage of annual tons of waste for each jurisdiction that were assigned based on survey week data as allowed in sections 18809.6(b) and (c):%
c)	The percentage of the total tons of solid waste sent for disposal or transformation that were based on volumetric conversion factors rather than actual weight measurements:
(15)Restric	tions on which jurisdictions may use the facility:
(16)Differei	nces in facility tipping fees based on jurisdiction of origin:
(17)Compu 	nter program(s) or method used to track waste tonnage and origin information:
(18)Facility	operation days & hours (including all significant variations in the schedule during the reporting year):

Notes:

- Use one form for each facility.

 This form should be used by all Solid Waste Station and Non-Disposal Facility owners/operators operating in Los Angeles County.

 No later than two and a half months after the end of each calendar year, complete this form and forward it to the Los Angeles County Department of Public Works, Environmental Programs Division, PO Box 1460, Alhambra, CA 91802-1460. 1-800-320-1771

 A copy of this form must be retained by the facility owner/operator for a period of three years. This form must be made available for review upon
- request during business hours.